



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Probationary Termination Report

Appointing Authority Information

Department: _____ Division: _____
Personnel Contact: _____ Phone Number: _____

Employee Information

Employee Name: _____
Social Security Number: _____
Classification: _____
Hire Date: _____
Probationary Extension(s): ☐ Yes ☐ No If "YES," how many days? _____
Probationary Completion Date*: _____

*This report must be completed and issued to the affected employee at least ten (10) days prior to completion of the probationary period.

Termination Report

This employee is being terminated for the following reason(s):

Signatures

_____ Employee Signature	_____ Date
_____ Appointing Authority Signature	_____ Date

A copy of this report was served on the employee _____ Date _____ By: _____ Name _____